

| POSITION                  | INITIALS  | ID NO.       | DATE            |
|---------------------------|-----------|--------------|-----------------|
| FEE DETERMINATION         | <i>AB</i> |              | <i>03/27/00</i> |
| O.I.P.E. CLASSIFIER       |           | <i>48</i>    | <i>3/30/00</i>  |
| FORMALITY REVIEW          | <i>YC</i> | <i>20017</i> | <i>5-23-00</i>  |
| RESPONSE FORMALITY REVIEW |           |              |                 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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